

# **SELF CERTIFICATION LETTER INFLUENZA VACCINATION**

Seasonal influenza vaccination is the single best way to prevent the spread of influenza in healthcare settings. It is the policy of this Medical Center that any contractor working in buildings 8, 203, 208, 200 (defined as patient care areas) must show evidence of receiving a flu shot during the flu season or wear an ordinary loop mask while working within 6 feet of the breathing zone of any patient. The flu season typically begins in November and lasts through March. Overseeing that this form is completed and/or receiving an influenza vaccination is the responsibility of the contractor. Flu vaccination can be done at an outside provider or in the VASF Occupational Health at no charge. Proof of vaccination must be shown to the Project Engineer prior to start of work.

I, \_\_\_\_\_ am verifying in regard to receiving a seasonal influenza vaccination shot either at the SFVAMC or an outside provider.

Provider of the seasonal influenza vaccination shot: \_\_\_\_\_

Location of where the shot was administered: \_\_\_\_\_

Date of when the shot was administered: \_\_\_\_\_

☐ I decline to receive a seasonal influenza shot and I will wear the required Personal Protective Equipment while working in the defined patient care areas.

I hereby certify the information above is accurate and correct to the best of my knowledge.

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Print Name

Signature

Date

Contractor Project Manager:

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Print Name

Signature

Date

Thank you for your prompt attention to this request and the policies of the San Francisco VA Medical Center.